## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

	FOR LINE NUMBER:					PAGE 272 OF			F	314
Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)									
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Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personance and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)							
igr > New York Life Insurance Compa	any Political Action Committee						
Full Name (Last, First, Middle Initial)  Mr. Dominick M. Kortkamp  Mailing Address 3943 Ferndale Lane	Date of Receipt						
Maning Address 3843 Femdale Lane	05 31 _ 2014 _						
City	State Zip Code	Transaction ID : PR9649310505					
Frisco	TX 75034-3883	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	115.41					
Name of Employer	Occupation						
New York Life Insurance Company	Corporate Vice President						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17	P/R Deduction (\$38.47 Bi-Weekly)					
Full Name (Last, First, Middle Initial)  Mr. James E. Adkins Jr.		Date of Receipt					
Mailing Address 10200 Wendover Drive	M M / D D / Y Y Y Y						
City	State Zip Code	05 31 2014 Transaction ID : PR96510505					
Vienna	VA 22181-2960	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer	Occupation						
New York Life Insurance Company	Agent						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	P/R Deduction (\$250.00 Monthly)					
Full Name (Last, First, Middle Initial)  C. Ms. Iris Kozak	Date of Receipt						
Mailing Address 14104 Skye Terrace	05 31 2014						
City	State Zip Code	Transaction ID : PR9651910505					
Delray Beach	FL 33446-3384	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	50.00					
Name of Employer							
New York Life Insurance Company	Agent						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General  Other (specify) ▼	250.00	P/R Deduction (\$50.00 Monthly)					
SUBTOTAL of Receipts This Page (optional)	·····	415.41					
TOTAL This Period (last page this line number only)							